

TO: Student Activities Administration

SUBJECT: **Coordinator Selection**

This memo serves to confirm that on \_\_\_\_\_  
(date)

\_\_\_\_\_ was selected as

\_\_\_\_\_ coordinator by decision of the constituents of

\_\_\_\_\_  
(name of group)

Following are the printed names and signatures of at least four constituents and the Student Activities Advisor who were present at the selection of the above named coordinator.

Printed name \_\_\_\_\_

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Signature \_\_\_\_\_

SA Advisor

Signature: \_\_\_\_\_

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Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Signature \_\_\_\_\_

SA Advisor

Signature: \_\_\_\_\_